

The State Bar of California
Office of Special Admissions/Specialization
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2175 · PTLS@calbar.ca.gov

Practical Training of Law Students Program Extension of Period of Supervision

1) STUDENT INFORMATION ——————	
Student's Name:	Certification Number:
Address Line 1:	
Address Line 2:	
	State: Zip: +
Work Phone: () -	Home Phone: () -
E-mail:	
This student was previously certified to work w/	(employer), under the supervision of
	(Supervising Attorney).
New Expected Period of Supervision:	Through:
NOTE: If your Supervising Attorney has changed, you	u must also submit a new Declaration by Supervising Attorney form.
☐ I have attached a new Declaration by Supervi	sing Attorney Form.
3) SUPERVISING ATTORNEY INFORMATION	-
Attorney Name:	
Address:	
City:	
Phone Number: () -	State Bar Member Number:
4) DECLARATION ————————————————————————————————————	
I declare under penalty of perjury under the laws o	of the State of California that the following is true and correct:
☐ I have read the Rules Governing the Practical Trail June 1, 1997.	ning of Law Students approved by the Supreme Court of California on
☐ I meet the requirements of Rules 3.1, 3.2 and 3.3.	
☐ I shall immediately notify the Office of Special Adm Rules 3.1, 3.2 or 3.3.	nissions/Specialization in the event I no longer meet requirements of
☐ I understand the limitations placed upon activities i	in which I may engage.
☐ I have read and am familiar with the Rules of Profe in the activities permitted by the Rules Governing t	essional Conduct of the State Bar of California and I will abide by them the Practical Training of Law Students.
Executed On: Signatu	ıre:

Mail Form to:

The State Bar of California
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PTLS Program
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5) SUBMISSION INFORMATION